## **Change of Address**

| Department of the Attorney General<br>Commerce and Economic Development Div<br>Notary Public Office<br>425 Queen Street<br>Honolulu, HI 96813                                                                                                                                                                                                                                  | Effective Date:  My Commission#:  My Expiration Date: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Dear Notary Office:                                                                                                                                                                                                                                                                                                                                                            |                                                       |
| My home address has changed from (old):                                                                                                                                                                                                                                                                                                                                        |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                | Phone#                                                |
|                                                                                                                                                                                                                                                                                                                                                                                | (Please print or type)                                |
| To (New):                                                                                                                                                                                                                                                                                                                                                                      |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                | Phone# (Please print or type)                         |
| Please be advised that § 5-11-46 (10), Hawaii Administrative Rules (HAR), effective March 12, 2015, requires a non-refundable payment of \$10 for changes in residential address and telephone number. Failure to timely notify attorney general of changes of any item specified above within 30 days, HAR § 5-11-46 (11) requires you to pay an administrative fine of \$25. |                                                       |
| For Office Use Only  Date:                                                                                                                                                                                                                                                                                                                                                     | Official Signature of Notary Public Date              |
| Receipt#:                                                                                                                                                                                                                                                                                                                                                                      | (Please print your name)                              |

Please remit payments by Cashier's check, money order, or company check (no personal check) made payable to "State Director of Finance".